

## ATTORNEY EVALUATION FORM

**Evaluation:** The purpose of this section is to provide an opportunity for the supervisor to evaluate the staff member through the identification of successes and areas for improvement relative to specific job-related factors.

<b>Client Service:</b> (effective communication; follow-through; listening skills; timeliness; responsiveness)				
<p>Successes:</p> <p style="text-align: center;">EXHIBIT <u>6</u></p> <p>Areas for Improvement:</p>				
<input type="checkbox"/> Superior Accomplishments	<input type="checkbox"/> Commendable	<input type="checkbox"/> Competent	<input type="checkbox"/> Requires Improvement	<input type="checkbox"/> Unsatisfactory

<b>Job Skills/Knowledge:</b> (level/range of work-related skill; understanding of various required work; assignments; facility with work tool/equipment)				
<p>Successes:</p> <p>Areas of Improvement:</p>				
<input type="checkbox"/> Superior Accomplishments	<input type="checkbox"/> Commendable	<input type="checkbox"/> Competent	<input type="checkbox"/> Requires Improvement	<input type="checkbox"/> Unsatisfactory

**Productivity:** (amount /volume of work accuracy; quality; timeliness; initiative; problem solving)

Successes:

Areas if Improvement:

<input type="checkbox"/> Superior Accomplishments	<input type="checkbox"/> Commendable	<input type="checkbox"/> Competent	<input type="checkbox"/> Requires Improvement	<input type="checkbox"/> Unsatisfactory
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**Teamwork:** (working Relationships, adaptability, commitment to ultimate goals)

Successes:

Areas of Improvement:

<input type="checkbox"/> Superior Accomplishments	<input type="checkbox"/> Commendable	<input type="checkbox"/> Competent	<input type="checkbox"/> Requires Improvement	<input type="checkbox"/> Unsatisfactory
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**Training:** (compliance with departmental training standards, attendance at training functions, recognition and comprehension of training mission, willingness to work cooperatively with training personnel)

Successes:

Areas for Improvement:

☐ Superior  
Accomplishments

☐ Commendable

☐ Competent

☐ Requires  
Improvement

☐ Unsatisfactory

**B. Performance improvement Plan.** Please identify specific measures and corresponding time frames that will improve performance. Please include Office of the State Public Defender –sponsored training programs, as well as other educational or skills training opportunities which could assist in developing work performance.

**C. Staff Member's Comments:**

This evaluation was discussed with me on \_\_\_\_\_.  
(date)

☐ I believe this is a fair and objective evaluation.

☐ I do not agree with this evaluation for the following reasons:

**Comments:**

Staff Member's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature/Title: \_\_\_\_\_ Date \_\_\_\_\_

Reviewer's Signature/Title: \_\_\_\_\_ Date \_\_\_\_\_

**Please provide a copy of this evaluation to the staff member after all signatures have been obtained.**